

# 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

PAGE 1 OF 2  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>American Hospital Association PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00106146	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Public Opinion Strategies</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>03 / 27 / 2014</b>		
Mailing Address <b>214 North Fayette Street</b>			Amount <b>18000.00</b>		
City <b>Alexandria</b>	State <b>VA</b>	Zip Code <b>22314</b>	Transaction ID : <b>21643251</b>		
Purpose of Expenditure Polling		Category/Type <b>005</b>	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate Rep. Mike K. Simpson		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate		District: <b>02</b> State: <b>ID</b>
Calendar Year-To-Date Per Election for Office Sought		<b>18000.00</b>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Mentzer Media Services, Inc.</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>03 / 27 / 2014</b>		
Mailing Address <b>600 Fairmount Avenue Suite 306</b>			Amount <b>88900.00</b>		
City <b>Towson</b>	State <b>MD</b>	Zip Code <b>21286</b>	Transaction ID : <b>21643360</b>		
Purpose of Expenditure Television Advertising		Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate Rep. Mike K. Simpson		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate		District: <b>02</b> State: <b>ID</b>
Calendar Year-To-Date Per Election for Office Sought		<b>88900.00</b>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>106900.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Melinda Hatton

[Electronically Filed]

Date

MM / DD / YYYY  
**03 / 28 / 2014**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 2 OF 2  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>American Hospital Association PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00106146	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>McCarthy Hennings Whalen, Inc.</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>03 / 27 / 2014</b>	
Mailing Address 1850 M Street, NW Suite 235		Amount <b>8728.26</b>	
City Washington	State DC	Zip Code 20036	Transaction ID : <b>21643255</b>
Purpose of Expenditure Television Production - Estimate	Category/ Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate Rep. Mike K. Simpson		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <b>02</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>ID</b>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure	Category/ Type		
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>8728.26</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	<b>115628.26</b>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Melinda Hatton

[Electronically Filed]

Date

MM / DD / YYYY  
**03 / 28 / 2014**

Signature